

Blush

MEDICAL AESTHETICS

COVID 19 CONSENT FORM

Due to the Covid-19 pandemic and for the safety and health of our clients, customers, and family members, please initial and answer the following truthfully for us to proceed with your scheduled appointment.

_____ I have NOT been diagnosed with the Covid-19 virus and I am not waiting for results after taking a Covid-19 test.

_____ I do NOT have any of the following symptoms: fever, cough, difficulty breathing, muscle aches, fatigue, headache, or loss of taste.

_____ I have NOT been in close contact with someone who has recently travelled outside of Canada or has been in self isolation for the last 14 days.

_____ I have not been outside Canada in the last 14 days.

_____ I will wash my hands upon entering the salon, use hand sanitizer provided and wear the appropriate PPE.

_____ No handshakes or hugs will be exchanged.

_____ If you develop symptoms, I will let Blush Medical Aesthetics know prior to my appointment so we can reschedule for a later date. No one will be allowed to enter the salon premises with any sort of cough, headache etc.

_____ I will comply with Blush Medical Aesthetics rule that no guests or children are welcome to your scheduled appointment. This will be a one-on-one appointment only.

_____ I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

_____ I further acknowledge that Blush Medical Aesthetics has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

_____ I further acknowledge that Blush Medical Aesthetics can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, salon staff, and other salon clients and their families.

_____ I voluntarily seek services provided by Blush Medical Aesthetics and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I hereby release and agree to hold "Blush Medical Aesthetics" harmless from, and waive on behalf of myself, my heirs, and any personal representatives all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services received from "Blush Medical Aesthetics". I understand that this release discharges Blush Medical Aesthetics from any liability or claim that I, my heirs, or any personal representatives may have against the clinic with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from "Blush Medical Aesthetics". This liability waiver and release extends to the salon together with all owners, partners, and employees.

First Name _____ Last Name _____

Signature _____

Date: (MM/DD/YYYY) _____